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DISCUSSION ON MORAL INSANITY IN THE MEDICO-  
PSYCHOLOGICAL SOCIETY.

PARIS, 1866 AND 1867.



NOTHING in the medical history of mental diseases has excited more interest, of late years, than what is called Moral Insanity. And yet it would be difficult to find any subject of equal interest and importance in regard to which there is so much misconception of the essential points at issue, and so much misapprehension of the actual facts concerned. To this state of opinion there is also joined a kind of feeling growing out of the practical consequences of the doctrine more likely to foster prejudice than to promote the success of a scientific inquiry. The stoutest believer in moral insanity will not deny that his faith is shared by comparatively few, not only among men of general culture, but also among those whose kindred pursuits might seem likely to lead them to the same conclusions. We know that the mention of moral insanity in a court of justice is enough to excite a smile of derision, as if it were only an artful dodge got up for the purpose of screening a criminal offender, or, in some way, of preventing the due course of justice. That the same feeling pervades the medical profession, and not seldom appears among those who are particularly conversant with the insane, there is abundant reason to believe. It matters not that this form of disease is recognized by the most accredited writers on insanity, and that cases may be witnessed in abundance in every hospital in the land. It is, nevertheless, regarded as a crotchet of a few impulsive men who have mistaken a creation of fancy for the result of a true scientific inquiry, or, at least, have endeavoured, by means of a paltry quibble, to pervert the true significance of facts. The strength of the prevalent sentiment is well illustrated by the fact that the believers in this specific form of mental disease avoid the use of its name on all forensic occasions, lest it might jeopardize the interests which they meant to promote. It is hard for men to move out of the old grooves in which they have long been running. They dread to abandon a course of thought which they have pursued in such respectable company, and are slow to believe that a change which seems so forbidding can possibly lead to better results. They are told that cases of insanity occur in which the intellect, as distinguished from the moral sentiments, is not deranged. But, they reply, *can this be so?* Insanity without intellectual derangement—is it not a contradiction in terms? And thus the evidence of sense is rejected, even, it may be, of their own senses, because it conflicts with a metaphysical dogma.



In this state of opinion and feeling, we are rejoiced to have an exposition of the doctrine of moral insanity by an authority well calculated to command general assent—that of men of acknowledged eminence in their profession, who have spent their lives in observing the insane, and who met in friendly council to compare their views and avail themselves of one another's results. This discussion took place in the *Société Médico-Psychologique* of Paris, at its meetings in the years 1866 and 1867, and was reported, for the most part, at full length, in successive numbers of that very excellent journal, the *Annales Médico-Psychologiques*. It brought out the views of all those men who stand foremost in this department of medical science, such as Jules Falret, Brierre de Boismont, Morel, Baillarger, Moreau, Belloc, Delasiauve. With the space at our disposal, we can do little more than to indicate the course of the discussion, adding a few critical suggestions to help the reader to a better understanding of the subject.

It was opened by Jules Falret, in a carefully prepared discourse, evincing a most extensive and intelligent observation of mental disease, and a happy faculty of description that has seldom been equalled. He begins with defining his metaphysical position, which consists in the belief of the solidarity of the mental faculties. The mind he believes to be a unit manifesting itself in various ways, but not an aggregate of many faculties having a quasi independent existence. This being so, he cannot accept the doctrine that the moral faculties may be diseased, while the intellectual remain in their normal integrity. M. Falret complains that writers on insanity have been too much governed by the views of metaphysicians, especially in their division of the mental faculties, and he insists that insanity should be studied clinically, like any other disease, and that diagnosis should be founded on pathological, not psychological, facts. And yet he denies the existence of insanity without intellectual derangement, solely because the mind is a unit and cannot be divided! He gives no other reason, and in his subsequent descriptions of cases and forms of mental disorder, he takes no pains to point out the intellectual lesion lurking beneath that scene of moral disorder which he presents to the eye of the reader. He admits the fact that, in many a case of insanity, the moral disorder is predominant, so as to mask entirely the intellectual. The difference between him and his opponents seems to be that, while the latter deny the presence of any lesion of the intellect, he does not pretend to see it, though he positively infers it.

Moral insanity was used by Pinel and his school in too restricted a sense, in consequence of which they confined their views to a single trait rather than to the whole character of the case; and thus it happened that there was very little similarity between the cases which they described. Falret uses the term in a generic sense, and applies it to several groups of cases agreeing in the vast predominance of the moral disorder, but differing in the mode of its manifestation. To establish these groups on a pathological basis, and describe them with all possible exactness, he regards as the first and a most necessary step in the study of moral insanity. To the first of these groups he gives the name of *maniacal exaltation*, the essential character of which is an excessive excitement of all the faculties, an exaggerated and unnatural activity of the emotions, the intellect and the will, and a certain disorder of the actions, without much intellectual disturbance, or incoherence of speech. These patients superficially considered do not seem to be insane, for their discourse is connected and not irrational.



They are incessantly active, both in body and mind. They undertake extraordinary and useless journeys; they sleep poorly, often rising to wander about in the night. They abound in projects, often abandoned as soon as conceived. Their ideas crowd upon each other and present a disorder of the thoughts, not certainly like the incoherence of mania, but equally remote from the natural and orderly sequence of ideas in health. The memory also partakes of the general excitation. Old and insignificant ideas, supposed to be long forgotten, are remembered. Long quotations from classic authors, lost since boyhood, are perfectly recalled. The power of original composition is increased. They talk and write continually. Their conduct is strange and improper. They visit people whom they never thought of visiting before. They neglect the little proprieties of life and rules of society. They embark in rash enterprises. They are often rude and insolent. Destitute of reserve or modesty, they resent all counsel and criticism. They are sensitive, choleric, and quarrelsome. They become mischievous, exacting, even malicious. Their eyes are quick to see and their tongues to expose, the faults and frailties of their neighbours. They misrepresent, slander, and lie with extraordinary malice and ingenuity. They delight in causing pain, trouble, and discord. None but those who have lived with them can conceive their infernal inventions and the annoyance and dissension they spread around them. In truth, their feelings and instincts are wholly transformed by disease. Once kind and gentle, they become violent, malicious, jealous, mendacious, and revengeful. Of all their moral delinquencies, perhaps the most constant and unscrupulous is their mendacity. In this group is included that form of disorder called *folie circulaire*, in which maniacal exaltation alternates with depression with an interval between of the natural condition. These states are the very opposites of each other, for, in the latter, the patient is still, listless, interested in nothing, except to deplore his own folly when exalted, lying in bed, perhaps, and shunning all company and conversation.

The next group embraces those cases where the moral disorder represents the first stage—the prodromic symptoms—of general paralysis. The duration of this stage may extend to several years, but usually it is confined to a few months. The patients resemble those of the last group more than they differ from them, but there are a few traits peculiar to the latter. The excitement is less uniform and continuous. They are fitful and capricious, easily passing from one extreme of emotion to another—kind and amiable one hour, irritable and difficult the next. Love and hatred, joy and sorrow, succeed each other instantaneously, or give place to utter indifference. The will is usually active. The patient quickly passes from conception to action, but he lacks the perseverance and patience necessary to overcome obstacles and wait for final success. Always with a multiplicity of projects on hand, he is constantly changing. He strives to do many things at once. He writes letters, makes visits, changes his residence, dismisses his servants, and meddles with other people's affairs. Irregular habits, late hours, protracted absence from home, bad company, lavish expenditures, take the place of sobriety and economy. Most of these patients indulge in vicious practices quite contrary to their previous habits. Their moral sense being lost or perverted, they feel no restraint, yielding to impulse, without regard to etiquette, custom, or decency. They go about negligently or insufficiently clad, indulge in gross language, and are often prone to erotic acts. If engaged in business, a forgery or defalcation is the first manifestation of insanity. They may even steal from a shop win-



dow in open day, carry home their plunder, and soon forget all about it. Signs of dementia appear in their mental disorder from the beginning. Though obstinate and headstrong, a little tact will easily turn them from their purpose. They are readily imposed upon by those who find their interest in it, and are the last to see what is obvious enough to others. The memory fails, and many of their lapses from propriety proceed from unconsciousness of what they do. [The writer once examined a man whose business transactions had raised suspicions of insanity, but his conversation and his letters not only betrayed no irregularity, but were exceedingly correct and proper. It appeared, however, that at this very time he would turn up, when necessity called, in full view of windows where ladies were sitting, and go into a room full of company with the flap of his trowsers unbuttoned and open. He died within a year or two of general paralysis.]

Falret's next form of moral insanity, he calls the hysterical, and it is confined of course to the female sex. The mental manifestations have a decidedly hysterical complexion, but, while bound together by this common trait, they are as various as the varieties of the female character. Falret's description of this class of cases is remarkably graphic, and we wish our limits would admit of our quoting it *in extenso*. As it is, however, we must be content with presenting a few of its most prominent features. One of the most noticeable is the great mobility of all their mental states. They pass from exhilaration to depression, from tears to laughter, from the most ardent pursuit of an object to the utmost indifference towards it, from love to hate, from sympathy to repugnance. Their manifestation of emotion is full of contrasts. They are indifferent to the greatest afflictions and overwhelmed by trifles. The keynote of their habitual thought and feeling is the persistent conviction that they are opposed, contradicted, and thwarted by everybody at every turn. And yet they themselves are possessed by the very spirit of obstinacy and contradiction, never yielding to advice or entreaties, heeding no appeals to reason or sense of propriety. Another prominent feature is that of extreme duplicity and falsehood, and we doubt if any single feature of moral insanity is so common as this, in other forms of it as well as in this. These women are really *acting* all the time. They delight in deceiving and misleading, in exaggerating whatever they talk about, and simulating feelings they never possessed. They invent stories in which falsehood is so artfully coloured with truth as to deceive the very elect. Under the mask of virtue and piety, with the reputation of saints, they secretly abandon themselves to the most shameful acts. After the most violent scenes, the most disorderly conduct, and the vilest language in the privacy of their families, they appear in public models of reserve, modesty, and propriety. So plausible are the stories of wrong done by their friends—those most bound to love and cherish them—that they gain the aid and countenance of the most wise and prudent, who are moved with indignation towards the husband, father, brother, or sister guilty of such unnatural wrong. In short, their life is a perpetual lie. Another trait of these patients is the rapid production of their thoughts, feelings, and actions. Ideas come and go in the twinkling of an eye. They take no root in the mind, but are borne away by the first wind that blows. They act from instantaneous, causeless impulses. When vexed they fall into an ecstasy of passion, reviling, screaming, kicking, tearing, and breaking. M. Falret thinks we have here only a form of nervous disorder, not a form of mental disease involving criminal and civil irresponsibility, though it may justly extenuate the improprieties committed



under its influence. Between this state and that of hysterical mania proper, indicated by general disturbance of the intellect and disorder of conduct, a third is observed in which not only are the traits assigned to the first, but the ideas have become so absurd and the conduct so violent and unreasonable as to be altogether incompatible with reason and to constitute a true mental disease. Every person who has had much to do with the insane can bear witness to the mischief and scandal caused by the women of this class. Their passions, often highly erotic, rage without restraint, and, in spite of education and social position, carry them to the lowest depths of degradation. Most faithfully do the following touches bring before us an original which no medical men with any range of observation will fail to recognize. "Some, completely possessed by a jealousy of their husbands, without reason and against reason, pursue them incessantly with inquiries, mistrust, and suspicion, and embitter their existence by scenes of domestic disorder, or by a tyrannical espionage that deprives them of all liberty. Finally, passing from constant surveillance to threats and violence, they not unfrequently end by proclaiming their domestic troubles to the public. Others are content to tyrannize over their husbands at home, contriving against them or others schemes of vengeance, to the execution of which they devote all the resources of a sharpened intellect, and a persistent energy that nothing can weary or divert." In order to make sure that these persons are victims of real disease rather than monstrously criminal beings, Falret thinks we may discover by a careful scrutiny other morbid traits in the spheres of the intellect, the will, or the conduct. These complete the picture of the disease, and demonstrate what before we only suspected. But these farther proofs of the pathological character of the case may not be found, at least not by any means that we possess. Are we then to conclude that we are dealing with a form of moral depravity springing from the ordinary sources of vice, or remain in doubt while the exigencies of the occasion require immediate action? Falret does not tell us, but the traits he has so vividly described sufficiently indicate, even without additional proof, that change of character which is the best test of disease. To ascertain that the patient swallowed her urine or feces, or was grossly negligent in her dress or person, or indulged in any other shocking practices, would only show that the insanity, already obvious enough, has reached the highest stage of intensity.

Another form of moral insanity, Falret calls *conscious moral hypochondria*. The patient exhibits the ordinary signs of melancholia, such as vague and indefinite anxiety, a disposition to look on the dark side, and great prostration of the bodily and mental forces. Nothing pleases, and life is a burden. Indifferent to everything, they have no active affection for friends, not even for their children; and the death of the nearest friends produces no tears. Their will is paralyzed, and they pass their time either in nervous restlessness or apathetic quietude. They entertain no delusive notions of ruin, guilt, persecution, or damnation, but their thoughts are slow, vague, and confused. They are oppressed by a vague dread of some impending evil, without the slightest idea of what it is. Sometimes a thought, desire, or instinct takes possession of the mind, and, under its control, they commit suicide or homicide.

The fifth and last form of moral insanity described by M. Falret, he calls *partial alienation, with predominance of fear of contact with external objects*. It is more akin to the active and expansive forms of partial insanity than to melancholia. It consists essentially in a perpetual tendency

to return to the same ideas and acts. The delirious ideas vary much in different cases, but when once a particular train of fancies takes possession of the patient, they become his chief occupation for months and years. Some of them spend their time in perpetual ablutions, as if they could never get sufficiently clean. Some are perpetually dressing and undressing, as if they could never get properly arrayed. Some are in constant dread of touching something that ought not to be touched, with their hands, persons, or even clothes, either because it is unclean or unwholesome, or they might be accused of pilfering. In fact, every little detail of life is painfully affected by these unfortunates. They fear to walk, to sit down in other people's houses, or to open their doors, to shake hands with or brush their garments against others. They are fully conscious of their condition, they see the folly of their fears, and strive to banish them. In the early stage of this affection they are able to conceal their fancies from public notice. They pass a double mental life—one open, the other secret.

Besides these, M. Falret indicates, without describing, several other forms of moral insanity, such as the mania of persecution, slowly developed, and its delusions carefully concealed; the mental disturbances especially connected with hereditary influences; the brief attacks of transitory madness, in which the patients commit acts of violence while almost, if not altogether, rational in their discourse.

The subjects of moral insanity, M. Falret believes to be legally irresponsible, both in civil and criminal cases, without that exception made by some writers of a partial responsibility.

*M. Delasiauve* thought M. Falret's idea of the unity of the mind unsupported by facts physiological or clinical. Insanity may affect chiefly the intellectual, or chiefly the moral faculties. Persons possessed by a single fancy, like many of those described by Falret, he calls pseudo-monomaniacs, and some of these he regards as legally responsible.

*M. Brierre de Boismont* next read a long and elaborate paper of the highest interest and value, illustrated by many remarkable cases. The whole paper would repay a careful perusal, but we can barely glance at its most prominent points. Moral insanity is not a new and distinct species; it has long been observed in connection with all known types of alienation. It is a manifestation, exaggerated by disease, of a germ that exists in the sane man, but is held latent by his will. It is most commonly seen connected with maniacal exaltation, melancholia, and the intellectual and impulsive monomaniacs. It may present the delirious conceptions, hallucinations, and illusions proper to alienation, but its distinctive character is what has been called delirium of the actions, or insanity of the conduct. It has a stamp of peculiar malevolence, forming the despair of families and the torment of asylums. M. B. sees in it several forms, which he thus designates, viz: maniacal insanity; melancholia, or sad monomania; intellectual monomaniacal insanity, and instinctive or impulsive monomaniacal insanity, the last including suicidal, homicidal, hysterical insanity, dipsomania, and kleptomania; paralytic, epileptic, and circular insanity.

Moral insanity is distinguished by its antecedents, its symptoms, and its consequences. Among the first we may find maniacal or other types of insanity, abnormal traits, eccentricities, or nervous disorders. Whether or not it is accompanied by delirious conceptions or false sensations, it is always accompanied by disorders proper to mental alienation in general. It is not an insanity of recent invention, though but recently the subject of



very exact investigations. Its essential character is insanity confined to the conduct. Of twenty-five cases collected by myself, all presented this trait. One patient used words of revolting obscenity, went indecently dressed, and would lie and calumniate. She denied everything she was taxed with, and then boasted of her deception. From time to time she was maniacally excited, requiring confinement. Another, well-born and refined, had great self-command before strangers, but, at the least contradiction or opposition, became furious, rolled on the ground, poured out torrents of abuse, and ended with bursts of laughter, or floods of tears, and threats of suicide. A third would listen to nothing, abandon herself to feigned anger, indulged in revolting filthiness, exposed what others carefully hide, and abandoned all domestic duties. In all the twenty-five cases there was an entire discrepancy between their words and their acts; and the latter left no doubt of their insanity. Even their conversation had a double character; for, while reasonable before strangers, it would become otherwise when with their usual associates, or when, for any reason, they ceased to exert self-control. They conceive a great dislike of those who have had charge of them, and are indefatigable in making grievous charges against them, which receive more or less credence according to the feelings and opinions of the parties to whom they are made. The records of hospitals bear ample witness to their perversions of truth and their calumnious inventions. They attribute to persons of known good character, language and conduct which their whole lives belie. They allege things that could not possibly have occurred under the circumstances. They assign motives that no reasonable person would imagine. Only the public disposition to welcome such calumnies can account for the non-perception of such gross absurdities. A lady, still young, afflicted ten or twelve years with circular insanity having long lucid intervals, was at two different times confided to my care (Brierre's). While depressed she had delirious ideas, hallucinations of sight and hearing, and thoughts of suicide. When excited she was very irritable, using bad language, and sometimes violent. She was quick at repartee, and her wit was lively and biting. She never talked nonsense. As the excitement subsided, she became sentimental, although reserved. Her imagination created a romantic ideal being, which, by one of those illusions so common to the insane, she seemed to identify with her physician. With the caution usual with physicians of asylums, her room was never entered save in company with a nurse. One day, however, she stole into my apartment, and began such demonstrations as necessitated precipitate flight. After repeating her attempts on several other persons, she conceived a violent dislike to me. She made incessant complaints concerning the scene just mentioned, attributing the provocation to the wrong party. She even succeeded in obtaining a judicial investigation, but her derangement was so obvious that it amounted to nothing. Another, the wife of a well-known *savant*, was treated in our asylum for hysterical insanity. Eight years after her discharge, I was notified to make answer in a suit for false imprisonment brought by this old patient. During this long period the lady had often passed by the asylum, and only four months before the suit, had urgently claimed the hospitality of my daughter for herself and child, saying she had eaten nothing for twenty-four hours; and this hospitality she continued to enjoy for two months.

Most of these patients have a passion for writing, and people are surprised to find how much of this writing shows no sign of derangement.

The subjects of other forms of disease, we may add, who are able to converse without betraying any token of insanity, will generally show it in their letters.

M. Baillarger here related a case of "monomania with consciousness," characterized by extreme fear of touching, or even seeing, writing implements, or paper containing written or printed words. Her disease first began in a dread of writing, for fear she might make mistakes in spelling, and be laughed at. Now, the mere sight of a pencil produces prolonged and violent agitation, amounting even to maniacal fury. She will tolerate no carpet, for fear of pencils hidden under it. She will enter a carriage only after a careful search. Her walks are taken with an attendant on each side, to hide from her sight shops where books and stationery are sold. Her attendants are not allowed to be absent for a moment, lest some stranger might ask her for pen or pencils. Hours are spent in shaking her own and her husband's clothes. She is constantly occupied with her fears. The mere mention of a letter produces a nervous attack. When visited by her physician, he was entreated to leave his pocket-book behind him, and not to mention a prescription. She also has exaggerated religious scruples—fear lest she has been impure, and an especially harassing notion that her sins are written down. She is aware that such notions are irrational, but she cannot help entertaining them. Her general health is good. Another patient was a man of excellent sense, save in an absurd fear which, for thirty years, led him to confine his walks to one particular plank in the floor of his chamber, and to subsist on dry bread brought from a distant quarter. Another, a lady of fine sense and sound judgment, refused to touch anything for fear of taking something of value.

M. Brierre de Boismont related the case of an officer who, for twenty years, was subject to a dread of touching copper. He was conscious of the folly of this fear, and had concealed it.

M. Alfred Maury asked if such cases do not conclusively prove the existence of that circumscribed delirium or monomania which M. Falret does not admit. To this the latter replied that the delirium is more general than it seems to be, while Maury remarked that in the officer just mentioned the existence of mental disease was not suspected by his brother officers nor by the soldiers.

M. Delasiauve stated that many "pseudo-monomaniacs" end their lives by suicide, and that he had collected forty such cases. *Diffuse partial delirium* well designates this condition.

M. Baillarger declared that facts of this kind are conclusive arguments against Falret's doctrine.

M. Belloc remarked that none of these cases appeared to him to be either mania or monomania, but only lesions of the sensibilities. Real monomania exists when a man is possessed by a fixed, false idea upon which he acts as if it were true. Insanity requires the coexistence of a delirious action with a lesion of the sensibilities. Take, for example, the case of a woman tempted to kill her child. "Take it away," she cries, "else I shall kill it." This is not insanity. The lower animals sometimes devour their young just after birth. But they are not insane; the only lesion is one of sensibility.

M. Morel. I do not admit the existence of insanity of the conduct unaccompanied by intellectual lesion. When perversity of conduct exists without a pathological condition of the nervous system, without disturbance of the intellect, it constitutes depravity, not insanity. The transgressions of



the insane are the same as those of proper criminals. They commit theft, arson, suicide, murder, &c. Sometimes their deeds are premeditated; at others, they spring from irresistible impulse. There is a relation between the character of their misdeeds and the pathological cause. The subjects of general paralysis, for instance, steal, or buy without paying for them, the most inappropriate things. Their thefts have usually a character of peculiar originality, such as driving about all day without paying their carriage hire, and buying at random without money. One, on the morning of her betrothal, bought, without paying for them, a dozen each, of fans, handkerchiefs, prayer-books, and sets of dominoes, besides many other things which she secreted about her person. This revealed commencing progressive paralysis, and this diagnosis was confirmed. The subjects of cerebral softening steal in a sort of distraction. They pocket the knives and forks when they dine abroad. Their families habitually empty their pockets at night of the most incongruous articles. They attach little or no value to what they take, but seem to act automatically. A lady labouring under hysterical insanity had discharged several domestics for theft. She prosecuted one of them for theft, but suspicion being aroused, she confessed having, in several instances, placed jewels in the trunks of her domestics, for the purpose of incriminating them. She had also troubled neighbouring families with anonymous letters containing the most odious and improbable statements. In epileptics, theft is generally prompted by ideas of poverty, and appears only when the mind has become much impaired. The articles stolen are often either worthless or utterly beneath the wishes of persons in the patient's real position. People cannot appreciate the profound mental impairment that often transiently exists before or after an epileptic fit. It may be said in this connection, that it is doubtful whether avarice ever develops into a morbid tendency to pilfering. The manner in which an act is performed often indicates the pathological condition of the agent. If we know all the details of an unlawful act, we may generally infer the character of the pathological cause, and distinguish it from a similar act done under the influence of normal passions. Homicidal, suicidal, or incendiary acts, whether impulsive or premeditated, have a special character according as they are committed by a person under the influence of idiopathic or sympathetic cerebral disease; under the influence of hallucinations, or of epileptic, hysteric, or hypochondriacal neuroses, or inherited tendencies. Ordinarily, the nature and circumstances of the act lead the expert to a knowledge of the pathological cause.

*M. Belloc* reiterated his opinion that insanity cannot properly be predicated of any disorder unaccompanied by delirium. To be delirious, however, is not necessarily to use words devoid of reason. Delirium may be manifested by acts as well as words. It may exist without external manifestation. When the patient does things that imply that his mind consents to the nervous errors to which he is a prey, we know indubitably that his mind wanders. These acts of a depraved judgment are not of themselves delirium, but they are its sign, indicating its existence as surely as the most incoherent or foolish language. But should persons who yield to a nervous impulse without delirium be regarded as responsible for their acts done under this peculiar influence? Certainly they should not, any more than the subjects of hysteria or hypochondria should be made responsible for their acts. Mental alienation is not the only neurosis that produces irresponsibility.



*M. Brierre de Boismont* believed that some disturbance of the intellect is always present in cases of moral insanity.

*M. Delasiauve* read a long and elaborate paper in which he began by opposing the doctrine of the solidarity of the faculties. In moral insanity, writers have intended to depict a state of more or less outward calmness and reason, crossed by morbid movements having their analogues in the normal life. We are constantly agitated by emotions, passions, impulses and involuntary ideas. In consequence of nervous or sanguineous disturbance, may not the same phenomena, in graver forms and proportions, be produced without vitiating directly the intellectual operations? The mind, while continuing to perceive, to remember, to reason, and to will, may, none the less, be subjected to pathological anomalies. Jealousy, mischief-making, loss of natural affection, erotic passion, all may exert a sway which the victim laments but is powerless to resist. When insanity affects the operations of the reason, we have mania, dementia, general paralysis. When it affects the impressions, sensations, affections, inclinations, and instincts, we have a systematized delirium (monomania), or diffused partial delirium (pseudo-monomania.) The latter includes the cases designated by *M. Baillarger* as *monomania with consciousness*. *M. Belloc* declares that insanity necessitates intellectual disturbance, but the mental domain has always included the sentiments, affections, and instincts. *Delirare*, to leave the furrow. This may be done as well by derangement of these secondary attributes as by a direct vice in the reasoning operations. Is there then a reasoning insanity? No one doubts the existence of mania, dementia, or circular insanity, nor denies that, though capable of transmutation, they often persist with the same characteristics. Yet nobody supposes that each disease always expresses one definite pathological condition. I believe there is, unquestionably, a disease corresponding to the ideal of various writers, and more or less happily described under the names of reasoning insanity, reasoning monomania, moral insanity, &c. It is sanctioned by theory and verified by observation. It has its place among the diffuse partial deliriums. We may group such cases into several classes. First, we bring together those who, apparently rational, are the incarnation of fickleness, exaggeration, and mischief. They are constantly paying visits, entering upon hazardous enterprises, or inordinate schemes of charity. Some affect extraordinary piety; many are exceedingly erotic. Many become the scourge of their family, of the asylum, or the village, by their calumnies and misrepresentations; while others commit overt crimes. The second class is characterized by depression, generally with symptoms of oppression in the head. Shocking and unwished for ideas intrude upon the mind. In mild cases, the patient is able to continue his usual avocations, and often to conceal his trouble for many years. Where the disease is more severe, or the power of resistance less, the patient soon succumbs, loses all natural affection and ordinary ambition, and falls into an apathy broken only by gloomy anticipations of evil. The convulsive neuroses may produce either of these forms of diffuse partial delirium. Hysteria is a frequent cause. Some cases seem to be intermediate between monomania and pseudo-monomania. The morbid ideas become fixed and limited, though the patient is still conscious of their falsity or depravity. Such would seem to be the cases of homicidal, and of suicidal mania, of pyromania and kleptomania.

The legal consequences of moral insanity received the attention of nearly all the speakers, but while they recognized the difficulty, also experienced



here and in England, of making their views acceptable to courts and juries, they presented no special means for affecting any change in this respect. The remarks of Delasiauve may be taken as a pretty fair representation of the views expressed by the rest. All are agreed, he said, that no one is accountable for an act done under the direct influence of a morbid idea, but it is sometimes impossible to measure exactly the scope and influence of a diseased thought or sentiment, yet we can hardly doubt that, so limited is the range of morbid impressions, the patient may be justly responsible for many acts. The man who laboured under a morbid dread of soiling his hands with verdigris, would, certainly, not have been irresponsible for a larceny or rape, while an act of violence towards one who put verdigris in his way would have been justly excused. And the same principle holds in regard to civil acts, wills, contracts, testimony, &c. If they reflect the psychical aberration, they should be deemed invalid, otherwise not. But the civil acts of these patients should be regarded with the greatest distrust. No speaker contended that the morally insane should be responsible for any criminal act clearly within the range of their disorder. Even Belloc, who thought that many of them are, strictly speaking, not insane, did not regard them as responsible.

This interesting discussion, thus briefly sketched, presents several points to which we solicit the special attention of the reader. Here are many men of distinguished names, who have spent their professional lives in the study of insanity in the large establishments of France, and written elaborate works respecting it, proclaiming their common belief in the existence of a kind of mental derangement consisting chiefly, if not entirely, in disorder of the moral powers, the sentiments, affections, and instincts. They agree in admitting that in some of these cases there is an obvious derangement of the intellect. In regard to the cases in which the disorder seems to be confined to the moral powers, some believe that, *ex necessitate rei*, the intellect is actually, though not apparently, affected; while others believe that the intellect is not, in any true sense of the term, disordered. It is thus abundantly established that there are cases of insanity that cannot be called mania, or melancholia, or dementia, but may be as clearly and exactly defined as those that belong to either of these classes. Many of them more so, in fact, for what disease in the whole nosology is characterized by traits more uniform or more graphic than circular insanity, or what Falret calls, conscious moral hypochondria? Certainly, no one could fail to recognize any of these forms of disease, in actual practice. A difference of opinion in regard to some particulars, in descriptions of the same disease by different observers, does not surprise us; much less would it lead us to conclude that they were all mistaken and were describing a mere figment of the imagination. It has been somewhat fashionable, especially among English writers, to deery the stand taken by Pinel, and represent it as untenable, but nothing can be more unjust. Like most discoverers of a great truth, he failed to perceive the full range of its application. That was reserved for his successors, who had only to follow the track of inquiry thus pointed out, to find it soon widening into a broad and ample field of knowledge. Of course they differ from him, but it is a difference that implies no conflict. "When I resumed at the Bicêtre my researches on this disease," he says, "I was not a little surprised to see many patients who never manifested any lesion of the intellect, but were governed by an instinctive furor, as if the affective faculties alone had suffered lesion." Have not the members of the *Société Médico-Psychologique* observed the same thing? They have observed



that and something more. They have found many cases not governed by an instinctive furor, but none the less free from all lesion of the understanding, and, by means of their more abundant opportunities, have been able to form them into groups having some uniformity of character.

The presence or absence of intellectual disorder is but one among a host of traits which mark the disease, and nosologically considered is of little consequence. In its forensic bearings it is of great importance, and therefore, it may be worth our while to inquire a little into the merits of that question.

By some it is contended, that in moral insanity a disorder of the reasoning faculty always exists, though sometimes in a latent condition, or so slight as to escape attention. This idea receives some support from the fact that in other forms of mental disease, delusions and other signs of a disordered understanding do often remain concealed for lack of a suitable opportunity for their display, and especially from the fact, that in many cases of moral insanity, intellectual disorder though absent in the early stages of the disease, becomes apparent enough in the last. Unquestionably, it is a well-known pathological law, that serious lesions may exist in the bodily organs without giving any indications of their existence; but a negative fact like this furnishes no proof of a certain positive fact. If it gives no indications of its existence, our belief in it must be solely a matter of conjecture, of no value whatever except as a guide to some demonstrable result. Unquestionably, too, certain manifestations of mental disease do not occur sometimes, only because the fitting occasion therefor is not presented: but that does not help the matter at all, because in these cases of moral insanity where no intellectual disorder appears, the most abundant opportunity is afforded for its display. The patient is at large, goes and comes as he will, makes visits, directs his domestic concerns, engages in business, and in all his movements, is free to do or not to do, to speak or keep silent. What better opportunity could he have for displaying the inmost thoughts and feelings of his soul? Neither do we deny that a symptom absent in one stage of a disease, may appear in a subsequent stage, but that fact would not warrant us to believe that this symptom actually existed from the first. Is it so that we understand the course of disease? Does any one imagine in any conceivable instance, that the various lesions that constitute our idea of disease, all begin simultaneously? If we know anything surely, it is that these lesions occur successively, and so long as the presence of any of them cannot be proved by positive evidence, we conclude that their time has not yet come. In mental, as well as in every other protracted, incurable disease, the progress is from bad to worse. Idle ever changing fancies pass at last into strong and gross delusions; careless, inconsiderate, heedless manners gradually change into brutal ferocity, and the power to reason correctly about many things is finally succeeded by chaotic incoherence and stupidity. Moral insanity often passes into general mental disease, but this fact is no proof that the delusions which mark the latter existed from the beginning in a latent condition.

People with a metaphysical turn of mind believe with M. Falret in the solidarity of the mental faculties, and, believing the mind to be a unit and not susceptible of division, they conclude that in the apparently most partial derangement the whole mind is unsound. If nothing more is meant by this than the obvious truth that the various faculties are mutually dependent, acting together harmoniously in the production of a common result of which the best possible condition implies the highest degree of

health and soundness, no one would dissent from their conclusion. Every work of nature or of man is constructed upon this principle. In the animal economy it is visible to the meanest understanding that if one member suffer all the members suffer with it. But it is no mark of wisdom to confound mere sympathetic affection with the kind of suffering experienced by the member which is the seat of the primary and principal lesion. A simple boil may quicken the action of the heart, and thus put every organ into an abnormal state. But we do not say in such a case that the heart and stomach and lungs as well as a portion of the skin and cellular tissue are all diseased. Let the balance-wheel be suddenly lightened while the engine is running, and the quiet, easy, regular play of the machine is followed immediately by irregularity and disorder. When such an event happens, nobody says it is the piston-rod, or the steam-chest, or a cut-off which is the seat of the trouble, though they all respond, each in its own way, to the derangement of the balance-wheel. Why so common and obvious a distinction should be overlooked in the present case, it would be difficult to tell. The brain is the material organ of thought and feeling, and, without the aid of phrenology or any other system, we are warranted in believing that there are intimate relations between certain exercises of the pure reason and the moral affections, and particular portions of the brain. Every pathological analogy lead us also to the conclusion that every lesion does not necessarily pervade the whole cerebral substance, and therefore being partial and local, the mental disorder resulting therefrom may be partial and local. But however partial the lesion may be, it may affect sympathetically the parts around it so as to impair their tone and elasticity, and thus vitiate, not the nature of their functions, but the vigor and correctness with which those functions are performed. Many other diseases, dyspepsia, consumption, gout, often produce this same effect, but nobody supposes the patient to be insane. If this were a question of pure metaphysics, there might be some reason for the belief in question, but it must be considered that the brain is not a unit, in the sense in which that term is applied to the mind, but a heterogeneous organ the different parts of which, all analogy teaches us, exercise different functions in the mental economy.

There is another notion sometimes expressed on this subject, which seems to be the offspring of a narrow metaphysics rather than of an enlightened physiology. It is said that so long as the intellect is untouched by disease, the patient is not bereft of reason, in other words, is not insane. He is still able to discern the right, the good and the true, distinguishing them clearly from the wrong, the bad and the false, and consequently can resist the suggestions of his affections and passions, even though intensified by disease. But it is a great mistake to suppose that all the elements of responsibility reside in the intellect. In that, no doubt, lies the perception of good and evil, but it is in the will and the action of the affective faculties that we find the power of seeking the one and avoiding the other. Each is powerless in accomplishing the ends of our being without the co-operation of the other. Conduct, character, aspiration, are the result of their combined and harmonious action. This relation is vitiated by the intrusion of disease, and it is immaterial where exactly the disease is seated. The intellect which is bound to control the will while the latter is endowed only with its normal forces, is powerless before it when stimulated by disease. The man who commits murder under an irresistible impulse springing from disease is no more responsible than he



who does the same thing sincerely believing that he is obeying a divine command. The essential fact is that the normal relation between the intellectual and the affective faculties is deranged by the presence of disease, in consequence of which the result of that relation, viz., complete moral freedom, is necessarily destroyed. To say then that a person is sane and free and responsible so long as the intellect is not deranged, however deeply his moral nature may be diseased, is simply to ignore one of the most obvious facts in cerebral dynamics.

This question is important not so much for its pathological as its forensic relations. The expert who believes that there is no insanity without intellectual derangement, is powerless before the courts in cases like most of those described above. He regards them as insane and clearly entitled to plead insanity in excuse for their acts, but as no intellectual derangement is apparent he is obliged to adopt the strange assumption that it is there, though he does not pretend to see it—a sort of constructive presence to be recognized only by an exercise of faith. Now, faith, though one of the strongest proofs of a profoundly religious spirit, is but a poor foundation for a scientific deduction. Courts rigidly insist on positive, tangible proofs. Even opinions, though admitted as evidence, are worthless to them, except so far as they rest on facts, but worse than worthless are conjectures without the slightest pretence of support in actual fact. This doctrine of the constructive presence of intellectual lesion would, in practice, contribute as little to the benefit of the prisoner as it would to the reputation of the expert. Are such persons then as those who were the subject of discussion in the French society—who abound in private life and are found in every hospital for the insane—are they to derive no benefit from the plea of insanity in courts of justice? This, certainly, is the legitimate effect of the position that intellectual derangement must necessarily exist, whether apparent or not, in every case of insanity. The proper course of the expert is to say that the person is insane, and that the insanity is confined to the moral or affective powers, so far as he can see, being manifested in the conduct and not at all in the conversation. He thus neither affirms nor denies the existence of intellectual lesion; he simply says that none is perceptible.

It is high time that the subject of moral insanity were better understood among the medical profession. It would be hard to find any other subject within the range of their studies on which opinions are more positive or more devoid of foundation in exact knowledge. The effect of this deficiency is now painfully observed in the diverse reports of commissions, and the conflicting testimony of physicians on the witness-stand, where men, not without some claim to authority, with the same facts before them, come to opposite conclusions. The obloquy thus brought upon the profession, the loss of popular confidence which it occasions, should be a sufficient inducement for physicians to study this subject as carefully and thoroughly, to say the least, as they would any other. And let them be cautious, as they value their own reputation, how they treat with contempt the opinions of men who have devoted their lives to that particular branch of the science to which they themselves have given the least attention.

This discussion furnished the first attempt to classify the various phases of moral insanity. To generalize the results of observation is an important step in the pursuit of knowledge, for the value of any collection of facts must depend on the number and character of the relations we discover between them. In the case before us anything like exact classification is

out of the question, and the members of the *Société Médico-Psychologique* wisely refrained from doing more than to group together certain cases that present an obvious resemblance in many of their principal features. They do not pretend that these groups are as precisely defined as the classes, orders, and genera of natural history, though they may serve the same purpose, as guides and helps to the inquirer. We doubt if the various forms of moral insanity can be exactly defined any more than those of mania or dementia. True, they are very diverse, and far more numerous than the early observers supposed, and so far as they indicate that fact they certainly serve a useful purpose. We admit that the groups here presented are founded in nature, but it is nature observed under a peculiar aspect—an aspect coloured by the education, temper, and opportunities of the observer. The result is precisely what might have been expected. The groups so elaborately set forth by Falret are scarcely recognized by Delasiauve, and probably every member who should undertake to classify his observations would produce something peculiarly his own. Falret intimates that his work is only a beginning, and that fresh groups yet remain to be described. But we are surprised that even in this first attempt, the more circumscribed forms, such as the impulses to homicide, incendiarism, and theft, should have been entirely ignored. In making a group out of “the mental troubles especially connected with hereditary influence,” he is hardly supported by facts. Hereditary influence may be seen in every phase of insanity. It is peculiar to none, and is the most potent agency in the production of them all. The term *hysterical*, which Falret, following some of his countrymen, has applied to a large group of female cases, is not very fitly chosen. Of late years it has been much used to signify whatever is obscure or strange in the disorders, mental and bodily, of the fair sex. That it is an expression of ignorance rather than of knowledge can scarcely be denied, and, in the present case, we are obliged to regard it as no exception to the general rule. Certainly many of these cases contain no element of hysteria, in the strictly pathological sense of that term, and consequently its tendency is to mislead the student as to the origin and character of the mental affection. Besides, some of these cases will be found in practice to belong more properly to the group characterized by maniacal exaltation, because this is their most obvious feature, and they furnish no proof of uterine affection. Hardly more fortunate is Delasiauve in the name he has bestowed on a large class of cases—pseudo-monomaniacs—which raises a doubt in the reader’s mind whether M. D. considers them as really insane or only so in appearance, and his own remarks, we regret to say, do not remove the doubt.

Much fault has been found with the name, *moral insanity*, and many worthy persons can scarcely hear it mentioned without being driven from their propriety. Why it should be so very unsatisfactory we could never understand, and are obliged to accept the fact as an illustration of the old couplet,

“I do not like thee, Dr. Fell,  
The reason why, I cannot tell.”

Nobody denies that disease affects the mental faculties very unequally; that while the intellectual or reflective powers may be greatly disordered so as to produce delusions and false belief, the moral or affective powers present little change, all the patient’s relations to others seeming to be marked by his usual sentiments; and that in many other cases, the opposite state of things may occur. It would seem to be a perfectly legitimate exercise



of nomenclature to designate the different forms of insanity by the names of the faculties chiefly involved. This course has the merit of being immediately and universally intelligible, for the division of the mental powers into moral and intellectual has long been used and is familiar to the common understanding. Not one of the numerous substitutes offered for the name moral insanity is less liable to objection, but it would be hardly worth our while to expose their deficiencies, for they are obvious enough at sight. Nobody can suppose that the bench and bar would be more inclined to favour the plea of hysterical insanity, or maniacal exaltation, or pseudo-monomania, or malady of doubt, or delirium of the conduct. All they want is that the expert shall be able to say that the party is insane, and that the elements of his insanity are real and obvious, not concealed and supposititious. And we may reckon it as another result of this discussion that it elicited no name for the disease in question preferable to that by which it has been best known.

The subject is by no means exhausted, and we hope that our French brethren in this specialty, with their abounding zeal and their unrivalled opportunities, will continue to inquire and discuss.

I. R.

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